

# Quick Reference on Mental Health for Faith Leaders

## MENTAL ILLNESS IS COMMON

### In the United States in the last year:

- Any mental illness - nearly 1 in 5 people (19%)
- Serious mental illness - 1 in 24 people (4.1%)
- Substance use disorder - 1 in 12 people (8.5%)

**Suicide is the 10th leading cause of death in the U.S.**

## OBSERVABLE SIGNS: Some Signs That May Raise a Concern About Mental Illness

*These observations **may** help identify an individual with a mental illness; they are not definitive signs of mental illness. Further mental health clinical assessment may be needed.*

CATEGORIES OF OBSERVATION	EXAMPLES OF OBSERVATIONS <i>Does something not make sense in context?</i>
<b>Cognition:</b> Understanding of situation, memory, concentration	<ul style="list-style-type: none"><li>• Seems confused or disoriented to person, time, place</li><li>• Has gaps in memory, answers questions inappropriately</li></ul>
<b>Affect/Mood:</b> Eye contact, outbursts of emotion/indifference	<ul style="list-style-type: none"><li>• Appears sad/depressed or overly high-spirited</li><li>• Overwhelmed by circumstances, switches emotions abruptly</li></ul>
<b>Speech:</b> Pace, continuity, vocabulary <i>(Is there difficulty with English language?)</i>	<ul style="list-style-type: none"><li>• Speaks too quickly or too slowly, misses words</li><li>• Stutters or has long pauses in speech</li></ul>
<b>Thought Patterns and Logic:</b> Rationality, tempo, grasp of reality	<ul style="list-style-type: none"><li>• Expresses racing, disconnected thoughts</li><li>• Expresses bizarre ideas, responds to unusual voices/visions</li></ul>
<b>Appearance:</b> Hygiene, attire, behavioral mannerisms	<ul style="list-style-type: none"><li>• Appears disheveled; poor hygiene, inappropriate attire</li><li>• Trembles or shakes, is unable to sit or stand still (unexplained)</li></ul>

## COMMUNICATION: When a Mental Health Condition Is Affecting an Individual

- Speak slowly and clearly; express empathy and compassion
- Treat the individual with the respect you would give any other person
- Listen; remember that feelings and thoughts are real even if not based in reality
- Give praise to acknowledge/encourage progress, no matter how small; ignore flaws
- If you don't know the person, don't initiate any physical contact or touching

EXAMPLES OF COMMON OBSERVATIONS	RECOMMENDATIONS FOR RESPONSES
Loss of hope: appears sad, desperate	<ul style="list-style-type: none"><li>• As appropriate, instill hope for a positive end result</li><li>• To the extent possible, establish personal connection</li></ul>
Loss of control: appears angry, irritable	<ul style="list-style-type: none"><li>• Listen, defuse, deflect; ask why s/he is upset</li><li>• Avoid threats and confrontation</li></ul>
Appears anxious, fearful, panicky	<ul style="list-style-type: none"><li>• Stay calm; reassure and calm the individual</li><li>• Seek to understand</li></ul>
Has trouble concentrating	<ul style="list-style-type: none"><li>• Be brief; repeat if necessary</li><li>• Clarify what you are hearing from the individual</li></ul>
Is overstimulated	<ul style="list-style-type: none"><li>• Limit input</li><li>• Don't force discussion</li></ul>
Appears confused or disoriented; believes delusions (false beliefs, e.g., paranoia)	<ul style="list-style-type: none"><li>• Use simple language; empathize; don't argue</li><li>• Ground individual in the here and now</li></ul>

**For more information, see *Mental Health: A Guide for Faith Leaders*, [www.psychiatry.org/faith](http://www.psychiatry.org/faith)**

## IMMEDIATE CONCERN: Approaching a Person With an Urgent Mental Health Concern

- Before interacting, consider **safety** for yourself, the individual, and others
- Is there a family member or friend who can help?
- Find a good, safe place (for both) to talk
- Express willingness to be there for the person
- **Seek immediate assistance if a person poses a danger to self or others; call 911; ask if a person with Crisis Intervention Team (CRT) training is available**



**SUICIDE:** Thoughts of suicide should always be taken seriously. A person who is actively suicidal is psychiatric emergency. Call 911.

### WARNING SIGNS OF SUICIDE

- Often talking or writing about death or suicide
- Comments about being hopeless, helpless, or worthless, no reason for living
- Increase in alcohol and/or drug use
- Withdrawal from friends, family, and community
- Reckless behavior or engaging in risky activities
- Dramatic mood changes

### RISK FACTORS FOR SUICIDE

- Losses and other events (e.g., death, financial or legal difficulties, relationship breakup, bullying)
- Previous suicide attempts
- History of trauma or abuse
- Having firearms in the home
- Chronic physical illness, chronic pain
- Exposure to the suicidal behavior of others
- History of suicide in family

## REFERRAL: Making a Referral to a Mental Health/Medical Professional

### WHEN TO MAKE A REFERRAL

#### Assessing the person

- **Level of distress** – How much distress, discomfort, or anguish is he/she feeling? How well is he/she able to tolerate, manage or cope?
- **Level of functioning** – Is he/she capable of caring for self? Able to problem solve and make decisions?
- **Possibility for danger** – danger to self or others, including thoughts of suicide or hurting others

#### Tips on making a mental health referral

- Identify a mental health professional, have a list
- Communicate clearly about the need for referral
- Make the referral a collaborative process between you and the person and/or family
- Reassure person/family you will journey with them
- Be clear about the difference between spiritual support and professional clinical care
- Follow-up; remain connected; support reintegration
- Offer community resources, support groups

### DEALING WITH RESISTANCE TO HELP

Resistance to seeking help may come from stigma, not acknowledging a problem, past experience, hopelessness, cultural issues, or religious concepts

- **Learn about mental health** and treatments to help dispel misunderstandings
- **Continue to journey** with the person/family; seek to understand barriers
- **Use stories** of those who have come through similar situations; help the person realize he/she is not alone and people can recover
- **Reassure** that there are ways to feel better, to be connected, and to be functioning well
- If a person of faith, **ask how faith** can give him or her strength to take steps toward healing

**If you believe danger to self or others is imminent, call 911**

## References

Substance Abuse and Mental Health Services Administration (SAMHSA)  
National Suicide Prevention Lifeline, *Suicide Prevention*  
American Association of Suicidology, *Warning Signs and Risk Factors*  
Judges Criminal Justice/Mental Health Leadership Initiative, *Judges Guide to Mental Illness*  
Mission Peak Unitarian Universalist Congregation, *Mental Health Information for Ministers*  
Interfaith Network on Mental Illness, *Caring Clergy Project*

